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| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p>(21) International Application Number: PCT/US94/04189</p> <p>(22) International Filing Date: 15 April 1994 (15.04.94)</p> <p>(30) Priority Data: 08/049,006 16 April 1993 (16.04.93) US</p> <p>(71) Applicant: TUFTS UNIVERSITY SCHOOL OF MEDICINE [US/US]; 136 Harrison Avenue, Boston, MA 02111 (US).</p> <p>(72) Inventors: GORBACH, Sherwood, L.; 429 Beacon Street, Chestnut Hill, MA 02115 (US). GOLDIN, Barry, R.; 38 Adella Avenue, West Newton, MA 02165 (US). ADLER-CREUTZ, Herman; Department of Clinical Chemistry, University of Helsinki, Meilahti Hospital, FIN-00290 Helsinki (FI).</p> <p>(74) Agent: CLARK, Paul, T.; Fish & Richardson, 225 Franklin Street, Boston, MA 02110-2804 (US).</p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p>(81) Designated States: AT, AU, BB, BG, BR, BY, CA, CH, CN, CZ, DE, DK, ES, FI, GB, HU, JP, KP, KR, KZ, LK, LU, LV, MG, MN, MW, NL, NO, NZ, PL, PT, RO, RU, SD, SE, SI, SK, TT, UA, UZ, VN, European patent (AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG).</p> <p>Published <i>With international search report.</i></p> </td> </tr> </table> | | | <p>(21) International Application Number: PCT/US94/04189</p> <p>(22) International Filing Date: 15 April 1994 (15.04.94)</p> <p>(30) Priority Data: 08/049,006 16 April 1993 (16.04.93) US</p> <p>(71) Applicant: TUFTS UNIVERSITY SCHOOL OF MEDICINE [US/US]; 136 Harrison Avenue, Boston, MA 02111 (US).</p> <p>(72) Inventors: GORBACH, Sherwood, L.; 429 Beacon Street, Chestnut Hill, MA 02115 (US). GOLDIN, Barry, R.; 38 Adella Avenue, West Newton, MA 02165 (US). ADLER-CREUTZ, Herman; Department of Clinical Chemistry, University of Helsinki, Meilahti Hospital, FIN-00290 Helsinki (FI).</p> <p>(74) Agent: CLARK, Paul, T.; Fish & Richardson, 225 Franklin Street, Boston, MA 02110-2804 (US).</p> | <p>(81) Designated States: AT, AU, BB, BG, BR, BY, CA, CH, CN, CZ, DE, DK, ES, FI, GB, HU, JP, KP, KR, KZ, LK, LU, LV, MG, MN, MW, NL, NO, NZ, PL, PT, RO, RU, SD, SE, SI, SK, TT, UA, UZ, VN, European patent (AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG).</p> <p>Published <i>With international search report.</i></p> |
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| <p>(54) Title: METHOD FOR TREATMENT OF MENOPAUSAL AND PREMENSTRUAL SYMPTOMS</p> <p>(57) Abstract</p> <p>A method is provided for preventing or treating symptoms of menopause, premenstrual syndrome, or a condition resulting from reduced levels of endogenous estrogen, by administering to the woman an effective amount of an isoflavonoid. The invention also features a therapeutic dietary product, containing isoflavonoids, for preventing or treating symptoms of conditions resulting from reduced or altered levels of endogenous estrogen.</p> | | | | |

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METHOD FOR TREATMENT OF MENOPAUSAL
AND PREMENSTRUAL SYMPTOMS

Background of the Invention

5 The present invention relates to therapies for the prevention and treatment of menopausal and premenstrual symptoms.

 It has long been recognized that the sharp reduction in endogenous estrogen levels which occurs
10 prior to menopause causes a variety of unpleasant symptoms, e.g., hot flashes, nausea, nervousness, and malaise. Currently, the symptoms of menopause are treated by estrogen replacement therapy, which has recently been shown to increase the risk of certain types
15 of cancer, such as endometrial cancer and breast cancer. Changes in levels of endogenous estrogen may also be responsible for "premenstrual syndrome", a condition occurring in younger women prior to menstruation. Premenstrual symptoms are treated with a variety of
20 hormonal and nonhormonal therapies, which may cause side effects. Safer and more effective therapies for both conditions continue to be sought.

Summary of the Invention

 The inventors have found that isoflavonoids, which
25 are constituents of soy beans and other plants, effectively reduce the symptoms of conditions which are caused by reduced or altered levels of endogenous estrogen, e.g., menopause, and premenstrual syndrome. Without being bound by any theory, it is believed that
30 the isoflavonoids bind to estrogen receptors, and thus exert an estrogenic response. These compounds, which are present naturally in soy-based and other plant-based foods, are safe and cause no significant side-effects. Isoflavonoids which may be administered according to the
35 invention include genistein, daidzein, Biochanin A,

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formononetin, O-desmethylangolensin, and equol; these may be administered alone or in combination.

Accordingly, in one aspect, the invention features a method of preventing or treating the symptoms of
5 menopause, premenstrual syndrome, or a condition resulting from reduced levels of endogenous estrogen, by administering to the woman an effective amount of at least one isoflavonoid. The isoflavonoid may be administered in any suitable form, e.g., in the form of a
10 plant extract rich in isoflavonoids or in the form of a purified or synthesized isoflavonoid.

In another aspect, the invention features a therapeutic dietary product for preventing or treating symptoms resulting from reduced or altered levels of
15 endogenous estrogen. The dietary product preferably includes a soy extract containing enriched isoflavonoids, provided in a palatable food carrier, e.g., a confectionary bar, biscuit, cereal or beverage.

Other features and advantages of the invention
20 will be apparent from the Description of the Preferred Embodiments thereof, and from the claims.

Description of the Preferred Embodiments

Isoflavonoids are naturally occurring substances, found primarily in soy beans. These compounds are also
25 found in lower concentrations in many other plants. Isoflavonoids can thus be administered to a patient by placing the patient on a diet containing high levels of soy-based food products, e.g., tofu, miso, soybeans, aburage, atuage and koridofu, or other plant products
30 rich in isoflavonoids.

These products may not be readily available in all geographic regions (most of these foods are served predominantly in Japan), and are not be palatable to many women, particularly those accustomed to Western-style
35 food.

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Accordingly, an isoflavonoid-containing fraction can be extracted from a soy or plant product. It is preferred that the isoflavonoids be extracted and concentrated from soy bean or soy powder. Isoflavonoids are also available commercially in substantially pure form. The concentrated isoflavonoid is preferably included in a food carrier to form a dietary product. Any type of palatable carrier may be used, but, as the isoflavonoid concentrate has a strong flavor, it is preferred that the carrier include suitable flavorings to impart a different, more palatable flavor. The dietary product may be any type of food product, e.g., a confectionary bar, biscuit, cereal or beverage.

It is preferred that the dietary product contain at least 30 mg/serving total isoflavonoids. The isoflavonoid concentrate included in the dietary product preferably includes a blend primarily comprised of genistein and daidzein. The concentrate typically also contains lower levels of other isoflavonoids. Most preferably, the dietary product contains from about 10 to 30 mg/serving, more preferably about 20 mg/serving of genistein, and from about 5 to 10 mg/serving, more preferably about 7 mg/serving of daidzein. Preferably, a dietary product containing the preferred dosage of isoflavonoids would be consumed at least once per day, preferably 1 to 2 times per day depending upon the severity of the woman's symptoms.

While it is preferred that the isoflavonoid be administered in the form of a dietary product, if desired the isoflavonoid could be administered, preferably in similar dosages, in medicament form, e.g., mixed with a pharmaceutically acceptable carrier to form a tablet, powder or syrup.

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Example

The connection between diet and estrogen excretion was studied in Japanese women and men, and in a few children. The women's mean age was 50.4 (SD 18.0) years and they were all from a small village south of Kyoto and consumed a traditional Japanese low-fat diet. Isoflavonoid excretion in the urine was measured in a group of three men, three women, and three children living in Kyoto and consuming the traditional diet. We found a very high excretion of isoflavonoids in the urine of these subjects. The mean values were almost identical in the two groups and especially high excretion was found for genistein (maximum 15.5 umol per 24h in a man) and two other isoflavonoids, daidzein and equol (Table 1). All these compounds bind to estrogen receptors and have weak estrogenic activity. The excretion of the isoflavonoids in urine of the Japanese women was much higher than previously determined levels in American and Finnish women (Table 1). Excretion was high in children as in middle-aged and old people. These compounds were excreted in 100-fold to 1000-fold higher amounts than the levels of endogenous estrogens excreted by normal omnivorous women consuming a western or oriental diet (Table 1).

The excretion of the isoflavonoids in urine was associated with intake of soy products such as tofu, miso, aburage, atuage, koridofu, soybeans, and boiled beans.

It is known that Japanese women have a lower incidence of menopausal symptoms and premenstrual symptoms than the American and Finnish women.

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Table 1

| Urinary isoflavonoid or estrogen (nmol/day) | Japanese/ Oriental | American | Finnish |
|--|-------------------------------|-----------------|----------------|
| Genistein | 3440 (n=3) | . . | 32.1 (n=12) |
| Daidzein | 2600 (n=10) | 216 (n=21) | 40.5 (n=12) |
| Equol | 2600 (n=10) | 62.8 (n=21) | 44.2 (n=12) |
| Oestrone (postmenstru al) | 4.48 (n=9) | . . | 4.48 (n=10) |
| Oestradiol (postmenstru al) | 0.76 (n=9) | . . | 0.94 (n=10) |
| Oestriol (postmenstru al) | 4.48 (n=9) | . . | 4.44 (n=10) |

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CLAIMS

1. Use of an isoflavonoid in the preparation of a medicament for preventing or treating a medical condition in a woman caused by reduced or altered levels of endogenous estrogen.

2. The use of claim 1, wherein said isoflavonoid is selected from the group consisting of genistein, daidzein, Biochanin A, formononetin, O-desmethylangolensin and equol.

3. The use of claim 1 wherein said isoflavonoid is in a unit dosage of at least 30 mg.

4. The use of claim 1 wherein genistein and daidzein isoflavonoids are present in said medicament.

5. The use of claim 4 wherein said isoflavonoid comprises from about 10 to 30 mg genistein and from about 5 to 10 mg daidzein.

6. The use of claim 1 wherein said medicament is in the form of a dietary product.

7. The use of claim 6 wherein said dietary product contains at least 30 mg/serving of said isoflavonoid.

8. The use of claim 6 wherein said dietary product is a confectionery bar containing said isoflavonoid.

9. The use of claim 6 wherein said dietary product is a cereal containing said isoflavonoid.

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10. The method of claim 6 wherein said dietary product is a biscuit containing said isoflavonoid.

11. The method of claim 6 wherein said dietary product is a beverage containing said isoflavonoid.

5 12. A dietary product for preventing or treating symptoms of menopause, premenstrual syndrome, or conditions resulting from reduced or altered levels of endogenous estrogen, comprising at least one isoflavonoid provided in a non-soy-based palatable food carrier.

10 13. The dietary product of claim 12 comprising genistein and daidzein isoflavonoids.

14. The dietary product of claim 12 wherein the food carrier is a confectionery bar.

15 15. The dietary product of claim 12 wherein the food carrier is a cereal.

16. The dietary product of claim 12 wherein the food carrier is a biscuit.

17. The dietary product of claim 12 wherein the food carrier is a beverage.

20 18. The dietary product of claim 12 wherein the food carrier contains an amount of the isoflavonoid which is effective in reducing the symptoms.

19. The dietary product of claim 18 comprising at least about 30 mg isoflavonoids per serving.

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20. The dietary product of claim 13 wherein said dietary product comprises from about 10 to 30 mg/serving genistein and from about 5 to 10 mg/serving daidzein.

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US94/04189

A. CLASSIFICATION OF SUBJECT MATTER

IPC(5) : A61K 31/35-

US CL : 514/456, 899

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

U.S. : 514/456, 899

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched
NONE

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

APS AND CAS ONLINE: ISOFLAVIN?, PMS, ESTRO?, PREMENSTRUAL

C. DOCUMENTS CONSIDERED TO BE RELEVANT

| Category* | Citation of document, with indication, where appropriate, of the relevant passages | Relevant to claim No. |
|---------------|---|-----------------------|
| X --- Y | US, A, 3,864,362 (FEUER ET AL.) 04 FEBRUARY 1975, COLUMN 1, LINE 33 - COLUMN 2, LINE 44. | 1-20 ----- 1-20 |

☐ Further documents are listed in the continuation of Box C.☐ See patent family annex.

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Facsimile No. (703) 305-3230

Authorized officer

KIMBERLY JORDAN

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